

**E R R A T A**

**TO: ALL COUNTY WELFARE DIRECTORS**

**SUBJECT: Beginning Date of Services for Personal Care Services  
Program**

**REFERENCE: ACL 95-14**

The purpose of this errata is to inform you of a new correction that has been made. The form numbers in parenthesis on page two in the last paragraph were incorrect. We have made the corrections and we are providing the entire letter again so that all IHSS Program Managers will have a correct and complete copy. We apologize for any inconvenience this may have caused.

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



ALL-COUNTY LETTER NO. 95-14

• TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | State Law Change                                   |
| <input type="checkbox"/>            | Federal Law or Regulation<br>Change                |
| <input type="checkbox"/>            | Court Order or Settlement<br>Agreement             |
| <input checked="" type="checkbox"/> | Clarification Requested by<br>One or More Counties |
| <input checked="" type="checkbox"/> | Initiated by CDSS                                  |

SUBJECT: Beginning Date of Services for Personal Care Services Program

REFERENCE: ACL #94-07

This letter defines the effective date of eligibility for the Personal Care Services Program (PCSP) for purposes of service authorization only. The effective date of service eligibility for PCSP is the same as it is for In-Home Supportive Services-Residual Program (IHSS).<sup>1</sup> Services are to be authorized effective the latest of the following dates:

1. The application date which is the date the county first receives a request from the applicant or the applicant's representative.<sup>2</sup>
2. The date the client becomes eligible for services if that occurs after the application date.
3. The date a provider begins providing services which the county social service staff authorize.<sup>3</sup> For PCSP, the provider must be PCSP eligible (e.g., not a spouse, or parent or a minor recipient).
4. April 1, 1993 for PCSP only.

Case documentation requirements differ between the two programs. The following is required documentation for PCSP funding:

- a. An application (SOC 295)<sup>4</sup>

<sup>1</sup>Manual of Policies and Procedures (MPP) section 30-759.4

<sup>2</sup>MPP 30-009 and 30-759.4

<sup>3</sup>MPP 30-759.4

<sup>4</sup>MPP 30-759.1

- b. Confirmation that the recipient is categorically needy.<sup>5</sup>
- c. Documentation that the applicant has a disabling and chronic condition that is expected to last 12 months or longer or to result in death within the 12 month period.<sup>6</sup>
- d. A SOC 293 needs assessment form which documents that the applicant needs specific personal care or paramedical services in order to remain safely at home, authorized as a PCSP task.<sup>7</sup>
- e. A SOC 426 confirming that the individual provider is an enrolled provider, or a signed SOC 341 (contract agency enrollment) in a county third party contract.<sup>8</sup>
- f. In addition, if the recipient was granted services between April 1, 1993 and October 1, 1994, there must be a SOC 425 (Physician's Certification of Medical Necessity, or a SOC 293 which serves as the Certification of Medical Necessity).<sup>9</sup> If a county chooses to obtain information from a physician and the documentation recommends specific PCSP eligible tasks, the county is bound to authorize those PCSP tasks.

If the recipient does not qualify for PCSP, the following documentation is required to grant a case for IHSS funding:

- a. An application (SOC 295).<sup>10</sup>
- b. Confirmation that the recipient is either status or income eligible.<sup>11</sup> Status eligibility is confirmed by a statement of facts (either MC 210 or SOC 310), and a budget either on SOC 294A or SOC 294C or by the CMIPS system.

---

<sup>5</sup>Title 22, Code of California Regulations (CCR) 51350(b)  
[also in MPP30-780.2(b)]

<sup>6</sup>22 CCR 51350(b) [also in MPP 30-780.2(b)]

<sup>7</sup>22 CCR 51350(b) [also in MPP 30780.2(b)]

<sup>8</sup>22 CCR 51181 and 51204 [also in MPP 30-767.3 and 30-767.4]

<sup>9</sup>22 CCR 51350(c) [also in MPP 30-780(c)]

<sup>10</sup>MPP 30-759.1

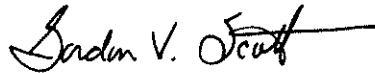
<sup>11</sup>MPP 30-755

3.

- c. A SOC 293 needs assessment form which documents that the applicant needs IHSS tasks in order to remain safely at home.<sup>12</sup>

Please contact your assigned Adult Services Policy Analyst if you have any questions regarding this letter.

Sincerely,



for CAROL R. WIDEMON  
Deputy Director  
Adult Services Division

---

<sup>12</sup>MPP 30-700.1 and 30-763.7